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SEP 22 2023

U.S. District Court  
Middle District of TN

**IN THE UNITED STATES DISTRICT COURT**  
**MIDDLE DISTRICT OF TENNESSEE**  
**AT NASHVILLE**

AMBROSE BRANCH

PLAINTIFF

vs.

WILSON COUNTY, et al

WILSON COUNTY SHERIFF'S DEPT.

MEDICAL PROVIDER(S) CONTRACT

PROVIDER FOR Wilson Co. Sheriff's Dept.

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Case No.(s): \_\_\_\_\_

**COMPLAINT FOR VIOLATION OF CIVIL RIGHTS**  
**( 42 U.S.C.A. 1983 )**

**I. PREVIOUS LAWSUITS**

- A. Have you begun other lawsuits in State or Federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? YES ☒ NO ☐
- B. If your answer to A is YES, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits in section 2 and 3.

**a. 1. Party to the previous lawsuit:**

Plaintiffs: AMBROSE BRANCH

Defendants: WILSON COUNTY JAIL

2. COURT: (If federal court, name the district, if State court, name the County): \_\_\_\_\_

3. DOCKET NUMBER: \_\_\_\_\_

4. Name the Judge to whom the case was assigned: \_\_\_\_\_

5. Disposition: (For example: Was the case dismissed? Is it still pending?) \_\_\_\_\_

6. Approximate date of filing lawsuit: \_\_\_\_\_  
7. Approximate date of disposition: \_\_\_\_\_  
**b. 1. Party to the previous lawsuit:**  
Plaintiffs: \_\_\_\_\_  
Defendants: \_\_\_\_\_  
\_\_\_\_\_  
2. COURT: (If federal court, name the district, if State court, name the County): \_\_\_\_\_  
3. DOCKET NUMBER: \_\_\_\_\_  
4. Name the Judge to whom the case was assigned: \_\_\_\_\_  
\_\_\_\_\_  
5. Disposition: (For example: Was the case dismissed? Is it still pending?) \_\_\_\_\_  
\_\_\_\_\_  
6. Approximate date of filing lawsuit: \_\_\_\_\_  
7. Approximate date of disposition: \_\_\_\_\_  
**c. 1. Party to the previous lawsuit:**  
Plaintiffs: \_\_\_\_\_  
Defendants: \_\_\_\_\_  
\_\_\_\_\_  
2. COURT: (If federal court, name the district, if State court, name the County): \_\_\_\_\_  
3. DOCKET NUMBER: \_\_\_\_\_  
4. Name the Judge to whom the case was assigned: \_\_\_\_\_  
\_\_\_\_\_  
5. Disposition: (For example: Was the case dismissed? Is it still pending?) \_\_\_\_\_  
\_\_\_\_\_  
6. Approximate date of filing lawsuit: \_\_\_\_\_  
7. Approximate date of disposition: \_\_\_\_\_  
**d. 1. Party to the previous lawsuit:**  
Plaintiffs: \_\_\_\_\_  
Defendants: \_\_\_\_\_  
\_\_\_\_\_  
2. COURT: (If federal court, name the district, if State court, name the County): \_\_\_\_\_  
3. DOCKET NUMBER: \_\_\_\_\_  
4. Name the Judge to whom the case was assigned: \_\_\_\_\_  
\_\_\_\_\_  
5. Disposition: (For example: Was the case dismissed? Is it still pending?) \_\_\_\_\_  
\_\_\_\_\_  
6. Approximate date of filing lawsuit: \_\_\_\_\_  
7. Approximate date of disposition: \_\_\_\_\_

**II. PLACE OF PRESENT CONFINEMENT:** MORGAN CO. CORR. COMPLEX

\_\_\_\_\_

- A. Is there a prisoner grievance procedure in this institution? YES ☒ NO ☐
- B. Did you present the facts relating to your Complaint in the prisoner grievance procedure? YES ☐ NO ☒
- C. If your answer is YES,  
1. What steps did you take? \_\_\_\_\_  
2. What was the result? \_\_\_\_\_
- D. If your answer to B is NO, explain why not. EVENTS OCCURRED  
AT WILSON COUNTY & AT WILSON COUNTY JAIL & THEIR MEDICAL
- E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? YES ☐ NO ☐
- F. If your answer is YES,  
1. What steps did you take? \_\_\_\_\_  
2. What was the result? \_\_\_\_\_

### III. PARTIES

(In item A below, please state your name in the first blank and place your present address in the second blank. Do the same for any additional Plaintiffs)

- A. Name of Plaintiff: AMBROSE BRANCH  
Present address: 541 WAYNE COTTON MORGAN DR.  
WARTBURG, TN 37887  
Permanent home address: \_\_\_\_\_  
Address of nearest relative: \_\_\_\_\_
- B. Name of Plaintiff: \_\_\_\_\_  
Present address: \_\_\_\_\_  
Permanent home address: \_\_\_\_\_  
Address of nearest relative: \_\_\_\_\_
- C. Name of Plaintiff: \_\_\_\_\_  
Present address: \_\_\_\_\_  
Permanent home address: \_\_\_\_\_  
Address of nearest relative: \_\_\_\_\_

D. Name of Plaintiff: \_\_\_\_\_

Present address: \_\_\_\_\_

Permanent home address: \_\_\_\_\_

Address of nearest relative: \_\_\_\_\_

#### IV. STATEMENT OF CLAIM

(State here as briefly as possible the FACTS of your case. Describe how EACH defendant is involved. Include also the names of other persons involved, dates, and places. DO NOT give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets, if necessary.)

WHILE AT THE WILSON COUNTY JAIL I WAS GIVEN UN SANITARY LINENS AND CLOTHING. ALSO, I WAS PROVIDED WITH DRINKING WATER WHICH WAS NOT CLEAN. WILSON COUNTY OFFICERS ACTING UNDER THE COLOR OF STATE LAW GAVE ME THE UNCLEAN CLOTHING, BEDDING AND LINENS. THESE SAME OFFICERS WERE VESTED WITH SUPERVISING INDIVIDUALS WHO WERE SUPPOSED TO LAUNDRY, CLEAN, AND SANITIZE THE CLOTHING, BEDDING AND LINENS PROVIDED TO ME. I WAS AN INMATE BEING HOUSED AT THE WILSON COUNTY JAIL DUE TO THE STAFF/OFFICERS NOT PROVIDING ME WITH SANITATION CHEMICALS, LAUNDRY SOAP, AND HYGIENE ITEMS NEEDED I ACQUIRED BOILS & RINGWORM. THESE MEDICAL CONDITIONS WERE PAINFUL & THEY WOULD NOT PROVIDE ME MEDICAL TREATMENT FOR WEEKS. WHEN I FINALLY WAS ABLE TO SEE THE MEDICAL PROVIDED I STILL WAS NOT GIVEN A TREATMENT TO HELP THE CONDITION(S) AND CONTINUED TO ENDURE PAIN & SUFFERING. WHEN I ADDRESSED WILSON COUNTY STAFF THEY DIDN'T DO ANYTHING.

ABOUT MY CONDITION. THEY DID NOT  
TREAT MY SYMPTOMS OR ALLEVIATE  
MY PAIN WITH MEDICAL TREATMENTS  
AND/OR MEDICATIONS

V. RELIEF.

(State BRIEFLY exactly what you want this Court to do for you. Make NO legal arguments. Cite NO cases or statutes.)

GRANT RELIEF BY

(A) CORRECTING PROCEDURES TO SANITIZE  
CLOTHING, BEDDING, & LINENS

(B) PROVIDE APPROPRIATE MEDICAL  
TREATMENT

(C) AWARD COMPENSATORY DAMAGES  
IN AN AMOUNT OF \$

Respectfully Submitted this 11<sup>th</sup> day of September, 2023

x Ambrose Branch  
Signature of Plaintiff

**VERIFICATION**

Pursuant to 28 U.S.C.A. § 1746, I, Ambrose Branch, declare under the penalty of perjury and under the laws of the United States of America that the foregoing Complaint for Violation of Civil Rights is true and correct to the best of my knowledge. Executed on this 11<sup>th</sup> day of September, 2023.

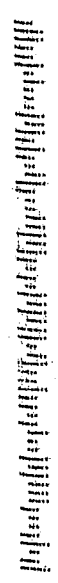
x Ambrose Branch  
Signature

AMEROSE BRANCH #112678  
M.C.C.X.  
P.O. Box 2000  
WARTBURG, TN 37888

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SEP 22 2023  
U.S. District Court  
Middle District of TN

37203-708493



U.S. DISTRICT COURT-CLERK  
MIDDLE DISTRICT OF TENNESSEE  
719 CHURCH STREET - Suite 1300  
NASHVILLE TN 37203

KNOXVILLE TN 377  
18 SEP 2023 PM 4 L



STATION



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SEP 18 2023

M.C.C.X.